

State of Hawaii
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
1010 Richards Street
Mailing Address: P.O. Box 40, Honolulu, HI 9681 0

REAPPLICATION FOR REGISTRATION OF INVESTMENT ADVISER REPRESENTATIVE

*(This form shall be used by an applicant who has previously been registered with this Department as an investment adviser representative and who has not allowed his/her registration to lapse for more than two years. *Complete form in black ink.)*

[*includes all signatures]

The undersigned, an applicant for registration as an investment adviser representative, submits the following information to the Commissioner of Securities as required by Section 485-14(j), Hawaii Revised Statutes.

1 . Name, residence address, date of birth and social security number of applicant:

2. Name and complete business address of former investment adviser employer:

Date of termination:

(IF APPLICANT IS CURRENTLY REGISTERED AS AN INVESTMENT ADVISER REPRESENTATIVE AND HAS RESIGNED, A COPY OF THE LETTER OF RESIGNATION TO THE FORMER INVESTMENT ADVISER MUST BE ATTACHED. APPLICATION WILL NOT BE PROCESSED UNLESS THE CURRENT CERTIFICATE OF REGISTRATION IS SURRENDERED, EITHER BY THE FORMER INVESTMENT ADVISER EMPLOYER OR APPLICANT.)

3. Has applicant during the three years prior to this application misappropriated or converted moneys of others for his/her own use, or has been accused of so doing, or has been convicted of a violation of a criminal statute, or has been the subject of a complaint or legal proceeding? ☐ Yes ☐ No If yes, attach a complete statement of facts in respect thereto.

State of

_____ } ss.

_____, being first duly sworn on oath, deposes and says that
(Printed or Typed Name of Applicant)

he/she is the applicant named in the foregoing application-, that he/she has read the application-, and that the information contained in the application and the documents is true to the best of his/her knowledge and belief.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 19____

Signature of Notary Public

State of _____

My commission expires: _____

(Front page shall be completed prior to this page)

(Officer of firm shall complete this section in BLACK INK.)

(APPOINTMENT OF INVESTMENT ADVISER REPRESENTATIVE)

I, _____, an officer, director, partner, or sole proprietor (circle one)
(Printed or Typed Name)

of _____ have read the foregoing application and
(Investment Adviser Firm Name)

believe the information contained therein to be true and complete, and have no knowledge to the contrary. I hereby appoint
_____ as an investment adviser representative and agree to notify
(Printed or Typed Name of Applicant)

the Commissioner of Securities immediately upon the termination of his/her employment and will return his/her certificate of registration for cancellation.

Investment Adviser Firm Name:

Mailing Address:

(Signature)

Principal Address:

(Title)

ORIGINAL
PHOTOGRAPH
REQUIRED
(Attach Here)